Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public to to www.irs.gov/Form990PF for instructions and the latest information.

6

•	Fo	r calen	dar year 2019 or tax year beginning		-	, and	ending	•	
•	Nar	ne of fou	indation				A Employe	r identification number	
_	WE	ST SU	IBURBAN CHICAGO FOUNDATION						
•			street (or PO box number if mail is not delivered to street address)		Roon	n/suite	1	84-3153976	
	800	WES	T 5TH AVENUE		1	06B	B Telephone	e number (see instructio	ns)
•	City	or town	, state or province, country, and ZIP or foreign postal code						
	Na	perville	! IL	6056	33				
	For	eign cou	ntry name Foreign province/state/county	Foreig	n post	al code	C If exempt	tion application is pendir	ig, check here 🕨 🗌
	G	Check	all that apply 🛛 Initial return 🔲 Initial return	of a former pu	ıblıc d	charity	D 1. Foreig	n organizations, check h	nere 🕨 🗌
			☐ Final return ☐ Amended ret			,	2. Foreig	n organizations meeting	the 85% test.
			Address change	е			_	here and attach comput	
•	Н	Check	type of organization X Section 501(c)(3) exempt pri		on _k	h		foundation status was te	erminated under
[Section	n 4947(a)(1) nonexempt charitable trust	able private fo	ounda	ition	section 50	07(b)(1)(A), check here	▶ [_]
	ı		arket value of all assets at J Accounting method	Cash		Accrual			
		-	year (from Part II, col (c), Other (specify)		، بد			ndation is in a 60-month ction 507(b)(1)(B), check	
			5) ► \$ 9,780 (Part I, column (d), must b	e on cash basi	s)		under see	, , , , , , , , , , , , , , , , , , ,	
1	P:	art I	Analysis of Revenue and Expenses (The total of						(d) Disbursements
			amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue expenses p		1 ' '	t investment	(c) Adjusted net	for chantable
			equal the amounts in column (a) (see instructions))	books	-,	ır	ncome	ıncome	purposes (cash basis only)
		1	Contributions, gifts, grants, etc., received (attach schedule)	,	0,780	 			(SUST DUSTS OTHY)
3		, · 2	Check ► ☐ If the foundation is not required to attach Sch B		<i>5,100</i>			 	
/ /		3	Interest on savings and temporary cash investments						i
4		4	Dividends and interest from securities						
1		5a	Gross rents					-	
~		ь	Net rental income or (loss)						
2	a	6a	Net gain or (loss) from sale of assets not on line 10			-			
H	=	b	Gross sales price for all assets on line 0a						
4	S N	7	Capital gain net income (from Part IV, line 2)			 			
7-4	8	8	Net short-term capital gain						
Z	_	9	Income modifications						
7		10a	Gross sales less returns and allowances	-					
0		b	Less Cost of goods sold						
<u>u</u>		С	Gross profit or (loss) (attach schedule)						
3		11	Other income (attach schedule)						1
Z		12	Total. Add lines 1 through 11	- c	9.780		0	0	1
SCANNED JAN 1 4 2022		13	Compensation of officers, directors, trustees, etc		,,, O.O.				<u></u> '
U.	Se	14	Other employee salaries and wages	·		1			
	ᡖ	15	Pension plans, employee benefits			-051	VED		
	又	16a	Legal fees (attach schedule)		R	ECE	VED		
	m	b	Accounting fees (attach schedule)	1 6				Š)	
	.≝∣	С	Other professional fees (attach schedule)	18/	7	FC 1	4 2020	\s\	-
	at	17	Interest	18	U			<u>~</u>	
	<u>s</u>	18	Taxes (attach schedule) (see instructions)			-55	NI LIT	1	
	.ਵੁ	19	Depreciation (attach schedule) and depletion		0	GDE	N, U		<u> </u>
	틍	20	Occupancy	<u> </u>					
	ĕ∣	21	Travel, conferences, and meetings					,	
	밀	22	Printing and publications						
	<u>a</u>	23	Other expenses (attach schedule)						38
	Operating and Administrative Exp	24	Total operating and administrative expenses.						
	<u>ا م</u>		Add lines 13 through 23		0		0	0	38
	<u>ē</u>	25	Contributions, gifts, grants paid						
	ō∣	26	Total expenses and disbursements. Add lines 24 and 25		0		0	0	38
-	ᅥ	27	Subtract line 26 from line 12						30
		a a	Excess of revenue over expenses and disbursements	٥ (,780				
		b	Net investment income (if negative, enter -0-)		.,, 55		0		
		~	Adjusted net income (if negative, enter -0-)						

to Cash—non-interest-bearing 1 Cash—non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable Less allowance for doubtful accounts 4 Pledges receivable Less allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments—U S and state government obligations (attach schedule) b Investments—Corporate bonds (attach schedule) 1 Investments—and, buildings, and equipment basis Less accumulated depreciation (attach schedule) 12 Investments—other (attach schedule) 13 Investments—other (attach schedule) 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 15 Other assets (describe 16 Total assets (to be completed by all filers—see the	Pa	art II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year		nd o	f year
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17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (add lines 17 through 22) 23 Total liabilities (add lines 17 through 22) 24 Net assets without donor restrictions 25 Net assets with donor restrictions 26 Capital stock, trust principal, or current funds 27 Paid-in or capital surplus, or land, bldg, and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 29 Total liabilities and net assets or fund balances (see instructions) 30 Total liabilities and net assets/fund balances (see instructions) 4 Total net assets or fund balances at beginning of year—Part III, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) 5 Enter amount from Part I, line 27a 7 Add lines 1, 2, and 3 7 Decreases not included in line 2 (itemize) 8 Decreases not included in line 2 (itemize) 9 Decreases not included in line 2 (itemize) 9 Decreases not included in line 2 (itemize)		16	Total assets (to be	completed by all filers—see the		0 00		
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Total liabilities (describe	豆	20	Loans from officers, d	rectors, trustees, and other disqualified persons				
Total liabilities (describe	ā	21	Mortgages and other	er notes payable (attach schedule)				
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5 Decreases not included in line 2 (itemize) 5				CO III IIII E Z (IIICIIIIZE)			\rightarrow	0.700
				line 2 (itemize)		-	\rightarrow	9,780
					II. column (b), line 2	9	\rightarrow	Q 780

Part:	V Capital Gains an	d Losses for Tax on Investn	nent Income				
		ind(s) of property sold (for example, real estude, or common stock, 200 shs MLC Co)	tate,	(b) How acquired P—Purchase D—Donation		ate acquired o, day, yr)	(d) Date sold (mo , day, yr)
1a	<u> </u>						
<u>b</u>				- :			
<u> </u>			····				
<u>d</u>		.					
<u>е</u>				<u></u>			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale			n or (loss) f) minus (g))
<u>a</u>							
<u> </u>						-	
<u>c</u>							
<u>d</u> e							
	Complete only for assets si	l howing gain in column (h) and owned	l by the foundation	on 12/31/69			
		(i) Adjusted basis	1	s of col (i)			(h) gain minus less than -0-) or
	(i) F M V as of 12/31/69	as of 12/31/69		(j), if any			rom col (h))
a							
b							
С							
<u>d</u>							
<u> e </u>							
2	Capital gain net income or	r (net canital ioss) 3 -	also enter in Par i, enter -0- in Par	· · · · · · · · · · · · · · · · · · ·	2		0
3	Net short-term capital gair	n or (loss) as defined in sections 1	222(5) and (6)				
		, line 8, column (c) See instructio	ns If (loss), ente	r-0- in \			
Part	Part I, line 8	 der Section 4940(e) for Redu		J	3		0
Was t		ve this part blank section 4942 tax on the distributal Jalify under section 4940(e) Do n			e perio	d?	☐ Yes ☐ No
1 10	· · · · · · · · · · · · · · · · · · ·			<u> </u>	20 001	ontrion	
	(a)	ount in each column for each year	, see the instruct		ig any	entries	(d)
Cale	Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net value o	(c) of noncharitable-use as	sets		tribution ratio
Can	2018		0		0	(COI (D)	0 000000
	2017		0		0		0 000000
	2016		0		0		0 000000
	2015		0		0		0 000000
	2014		0		0		0 000000
2	Total of line 1, column (d)				-	2	0 000000
3	_	for the 5-year base period—divide oundation has been in existence if				3	0 000000
4	Enter the net value of non-	charitable-use assets for 2019 fro	m Part X line 5			4	
		5.1a.1.a.5.5 455 455 45 16 16 16 16 16	mr arex, mio o				
5	Multiply line 4 by line 3				-	5	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			-	6	0
7	Add lines 5 and 6				_	7	0
8	Enter qualifying distribution					8	0
	If line 8 is equal to or great Part VI instructions	ter than line 7, check the box in P	art VI, line 1b, ar	nd complete that p	oart us	ng a 1% tax	rate See the

Part ³	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see inst	ructio	ons)			
1a	Exempt operating foundations described in section 4940(d)(2), check here Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	N/A			
-	here ▶ ☐ and enter 1% of Part I, line 27b		1			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2				0
3	Add lines 1 and 2	3			•	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				0
6	Credits/Payments					\Box
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a					
b	Exempt foreign organizations—tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868) 6c		!			
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d	7				0
8	Enter any penalty for underpayment of estimated tax. Check here	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9				0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				0
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ► Refunded ►	11				0
Part \	VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did i	t	ŀ		Yes	No
	participate or intervene in any political campaign?		-	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the					
	instructions for the definition		-	1b		X ,
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materia	IS	1]
_	published or distributed by the foundation in connection with the activities		-	1c		
c d	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		-	10		
u	(1) On the foundation ►\$ (2) On foundation managers ►\$					1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impo	sed				Ì
•	on foundation managers > \$	JCu]
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		×
	If "Yes," attach a detailed description of the activities			_		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		-	_		<u> </u>
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		-	3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		-	4a	N1/A	<u> </u>
b 5	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	4b 5	N/A	×
3	If "Yes," attach the statement required by General Instruction T		-	3		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or			i		-
	By state legislation that effectively amends the governing instrument so that no mandatory directions the state legislation that effectively amends the governing instrument so that no mandatory directions the state legislation that effectively amends the governing instrument so that no mandatory directions the state legislation that effectively amends the governing instrument so that no mandatory directions the state legislation that effectively amends the governing instrument so that no mandatory directions the state legislation that effectively amends the governing instrument so that no mandatory directions the state legislation that effectively amends the governing instrument so that no mandatory directions the state legislation that effectively amends the governing instrument so that no mandatory directions the state legislation that the	at	-			
_	conflict with the state law remain in the governing instrument?		-	6		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		-	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions					Ì
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	ral				[
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)				
	or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV	lf				
	"Yes," complete Part XIV			9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the tax year?	neir	Γ			
	names and addresses			10	ļ	

Part	Statements Regarding Activities (continued)			
	·	-	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		
	Website address ▶			
14	The books are in care of ► CAS ACCOUNTING SERVICE Telephone no ► 630-499-	1886		
	Located at ► 800 WEST 5TH AVE STE NAPERVILLE IL ZIP+4 ► 60563			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year 15		1	▶ □
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the			
	name of the foreign country			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? \square Yes \square No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			 _
2	were not corrected before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
_	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20, 20, 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ja	at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
~	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720 N	May Be Re	quire	d (contin	ued)			
5a		ne year, did the foundation pay or incur any on propaganda, or otherwise attempt to i	y amou	nt to	-			Yes	X No		Yes	No
		ence the outcome of any specific public ele		see section 49	955), oı	r to carry on	١,					
		tly or indirectly, any voter registration drive de a grant to an individual for travel, study		er cimilar nur	nneae?			∐ Yes ☐ Yes	X No			
	= =	de a grant to an organization other than a					l in	1es				
		on 4945(d)(4)(A)? See instructions	Chanta	ibio, cio , orga	mzatio	ii described		Yes Yes	X No	,		
		de for any purpose other than religious, choses, or for the prevention of cruelty to chil			terary, e	or education	nal	Yes	X No	,		
b	-	swer is "Yes" to 5a(1)–(5), did any of the t		-	-		-		d in			
	_	ons section 53 4945 or in a current notice	-	-			truction	ıs		5b_	N/A	
С	If the ans	ations relying on a current notice regarding swer is "Yes" to question 5a(4), does the fo it maintained expenditure responsibility fo	oundati	on claim exen				☐ Yes	► ∐ No			
6a	If "Yes,"	attach the statement required by Regulation oundation, during the year, receive any fur	ons sec	tion 53 4945-		pay premiui	ms					
	•	sonal benefit contract?						Yes Yes	X No	·		
b		oundation, during the year, pay premiums,	directl	y or indirectly,	on a p	ersonal ber	efit cor	ntract?		6b		
7a		o 6b, file Form 8870 ne during the tax year, was the foundation a pa	irty to a	nrohibited tay	shaltar t	ransaction?		☐ Yes	X No	.		
b	-	did the foundation receive any proceeds o	-	-			e trans	_	<u> </u>	7b	N/A	
8		undation subject to the section 4960 tax or ation or excess parachute payment(s) duri			than \$	1,000,000 ו	n	☐ Yes	□ No	,		
Part	VIII	Information About Officers, Direct	ors, Tı	rustees, Fo	undati	ion Mana	gers, I	lighly P	aid En	ploye	es,	
		and Contractors	•				0					
1	List all C	officers, directors, trustees, and foundate		e, and average		ompensation ompensation		Contribution		(a) Evas		
		(a) Name and address	devo	irs per week ted to position		not paid, nter -0-)		oyee benefit ferred compe		(e) Expe	allowan	
		SON-CARLTON AVE NAPERVILLE, IL 60563	PRES	5 00		0						
	J JONE	•	DIREC									
		D COURT NAPERVILLE, IL 60563		2 00		0						
	H SMITH		SECR	ETARY								
1147 [DOWNER	PLACE AURORA, IL 60506	ļ. 1	2 00		0						
2	Compen	sation of five highest-paid employees (other t	han those in	cluded	on line 1—	see in:	structions	s). If no	ne, ent	er	
	(a) Name a	nd address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	eek	(c) Comper	sation	(d) Contribution employee plans and compens	benefit deferred	(e) Expe	ense ace allowan	
NONE												
				ļ								
			•									
												
							_					
Total	numbe- s ⁴	other employees paid over \$50,000										

Total. Add lines 1 through 3

_	990-PF (2019) VVEOT GODONBAN CINCAGO I CONDATION		Page I
Pa	Information About Officers, Directors, Trustees, Foundate and Contractors (continued)	tion Managers, Highly Paid Er	nployees,
3	Five highest-paid independent contractors for professional services. See	instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NON			
Tota	Il number of others receiving over \$50,000 for professional services	>	
	art IX-A Summary of Direct Charitable Activities		
	the foundation's four largest direct chantable activities during the tax year. Include relevant statistical info	ormation such as the number of	Expenses
1	FOUNDATION ESTABLISHED IN SEPTEMBER BANK ACCOUNT OPEN TO P PROGRAMS	ROMOTE YOUTH DEVELOPMEN	38
2			
3			
4			
Pa	art IX-B Summary of Program-Related Investments (see instruct	tions)	
De	escribe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1			
2			
All	other program-related investments. See instructions		
3			
			1

Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	eign foundation	s,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	pùrposes	<u> </u>	
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	_ <u></u> _	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	ations	
	and certain foreign organizations, check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019 (This does not include the tax from Part VI)	<u></u>	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	0
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	38
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	38
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	38
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating will	hether the founda	ation
	qualifies for the section 4940(e) reduction of tax in those years		

² art	XIII Undistributed Income (<u>see instructions</u>	<u> </u>			
	•		(a) Corpus	(b) Years pnor to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from	Part XI,	Corpus	rears prior to 2010	2010	
	line 7	ļ				
2	Undistributed income, if any, as of the e	end of 2019				
а	Enter amount for 2018 only				0	
b		.0, 20				
3	Excess distributions carryover, if any	y, to 2019				
a	From 2014					
b	From 2015					
C	From 2016 From 2017					
d e	From 2018					
f	Total of lines 3a through e		0			
4	Qualifying distributions for 2019 from	n Part XII				
•	line 4 ▶ \$ 38					
а	Applied to 2018, but not more than I	line 2a				
	Applied to undistributed income of p					- -
	(Election required—see instructions	-				
С	Treated as distributions out of corpu	ıs (Election				· ·
	required—see instructions)					
d	Applied to 2019 distributable amour	nt [
е	Remaining amount distributed out o	· •	38			
5	Excess distributions carryover applie					
	(If an amount appears in column (d)					
^	amount must be shown in column (a					
6	Enter the net total of each column indicated below:	1 as				
		ibtract line E	38			
a	Corpus Add lines 3f, 4c, and 4e Su Prior years' undistributed income S	,				<u> </u>
-	line 4b from line 2b	abtract		0		
С	Enter the amount of prior years' und	listributed				
	income for which a notice of deficier					
	been issued, or on which the section	n 4942(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxabl	e				
	amount—see instructions					
е	Undistributed income for 2018 Subt					
	4a from line 2a Taxable amount—se	ee				
	instructions				0	
f	Undistributed income for 2019 Subfined and 5 from line 1. This amount m					
	distributed in 2020	iusi be				0
7	Amounts treated as distributions out	t of cornus		 -		0
•	to satisfy requirements imposed by	•				
	170(b)(1)(F) or 4942(g)(3) (Election					
	required—see instructions)	,				
8	Excess distributions carryover from	2014 not				
	applied on line 5 or line 7 (see instru	uctions)				
9	Excess distributions carryover to	· · · · · ·				
	Subtract lines 7 and 8 from line 6a		38			
10	Analysis of line 9	Ţ				
а	Excess from 2015					
b	Excess from 2016					
С	Excess from 2017					
d	Excess from 2018					
C	Excess from 2019	381				

Form 9	90-PF (2019) WEST SUBURBAN CI	HICAGO FOUNDA	TION		84-315	53976 Page 10
Part	XIV Private Operating Foundat	ions (see instru	ctions and Part \	VII-A. guestion 9)	
	If the foundation has received a ruling of					
	foundation, and the ruling is effective fo			•	9/19/	2019
b	Check box to indicate whether the foundation			ribed in section		3) or 4942(J)(5)
2a		Tax year		Prior 3 years		4.5 =
	income from Part I or the minimum investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	each year listed			 	-	0
	85% of line 2a			<u> </u>	<i>/</i>	0
С	Qualifying distributions from Part XII, line 4, for each year listed					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
-	(1) Value of all assets					0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in				i	_
_	Part X, line 6, for each year listed		/			0
·	"Support" alternative test—enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in					0
	section 4942(j)(3)(B)(iii)	/			:	0
	(3) Largest amount of support from					
	an exempt organization					0
	(4) Gross investment income	<u> </u>		<u> </u>		0
Part		-	•	e foundation ha	ad \$5,000 or mor	e in assets at
1	any time during the year— Information Regarding Foundation M		S.)			
' a	List any managers of the foundation wh		more than 2% of t	the total contribution	one received by the	foundation
ű	before the close of any tax year (but on					louridation
b	List any managers of the foundation wh	o own 10% or mor	e of the stock of a	corporation (or an	equally large portion	n of the
	ownership of a partnership or other enti					
2	Information Regarding Contribution,	Grant, Gift, Loan,	Scholarship, etc.	, Programs:	٠.	
	Check here ▶ ☐ If the foundation or unsolicited requests for funds If the foundation or	ily makes contribut Indation makes gift	ions to preselected s, grants, etc , to ir	d charitable organi ndividuals or organ	zations and does no	t accept

a The name, address, and telephone number or email address of the person to whom applications should be addressed

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

b The form in which applications should be submitted and information and materials they should include

conditions, complete items 2a, b, c, and d See instructions

c Any submission deadlines

factors

Part	XV Supplementary Information (continu	ued)			
3_	Grants and Contributions Paid During t		ed for Fut	ure Payment	· · · · · · · · · · · · · · · · · · ·
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	- Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
a	Name and address (home or business) Paid during the year	or substantial contributor	recipient	CONBIDUIDI	
				<u> </u>	
	Total Approved for future payment	· · · · · · · · · · · · · · · · · · ·	Ι	<u>▶ 3a</u>	C
b	Approved for future payment				
	Total	_	1	D 2h	

۲a	$\mathbf{U} \mathbf{A}$	Analysis of income-Producing Ac					
≣nte	er gro	oss amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	(0)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Pro	gram service revenue					(occ manacacina)
	а						
	b						
	С						
	d						
	е						
	f	 					
	_	Fees and contracts from government agencies					
2		mbership dues and assessments		 .			
3		rest on savings and temporary cash investments			-		
4		idends and interest from securities			<u> </u>		11 11
5		rental income or (loss) from real estate					_
		Debt-financed property					
_		Not debt-financed property					
6		rental income or (loss) from personal property	ļ				
7		er investment income	<u> </u>				
8		n or (loss) from sales of assets other than inventory	ļ				
9		income or (loss) from special events	-			 	
10		ess profit or (loss) from sales of inventory	-				
11	_	er revenue a					
	b						
	C						
	d						
12	Suit	ototal Add columns (b), (d), and (e)		0			
		al. Add line 12, columns (b), (d), and (e)		<u></u>		0	0
13	101	ai. Add line 12, columns (b), (d), and (e)				13	U
		keheet in line 12 instructions to varify coloulations	\				
See		ksheet in line 13 instructions to verify calculations		ant of Evampt	Purposes		
Sec Pa	rt X\	/I-B Relationship of Activities to the A	ccomplishm				
See Par Lin		Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the	ons)
See Par Lin	t X\ e No	/I-B Relationship of Activities to the A	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the les) (See instruction	ons)
See Par Lin	t X\ e No	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
See Par Lin	t X\ e No	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
See Par Lin	t X\ e No	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the les) (See instruction	ons)
See Par Lin	t X\ e No	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the les) (See instruction	ons)
See Par Lin	t X\ e No	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
See Par Lin	t X\ e No	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
See Par Lin	t X\ e No	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
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See Par Lin	t X\ e No	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the ies) (See instruction	ons)
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See Par Lin	t X\ e No	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the les) (See instruction	ons)
See Par Lin	t X\ e No	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the les) (See instruction	ons)
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See Par Lin	t X\ e No	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the ies) (See instruction	ons)
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See Par Lin	t X\ e No	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	importantly to the ies) (See instruction	ons)

Form 990-PF (2019) Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable

		Exempt Org	janizations									
1	Did t	the organization d	rectly or indirectly eng	gage in any of the following	with any oth	er organiza	ation d	escrib	ed		Yes	No
	ın se	ection 501(c) (other	er than section 501(c)(3) organizations) or in section	n 527, rela	ing to politi	cal					
	orga	nizations?										
а	Transfers from the reporting foundation to a noncharitable exempt organization of											
	(1) (J	. 5						1a(1)		Х
		Other assets								1a(2)		Х
b		er transactions								10(2)		
			a noncharitable exem	nt organization						1b(1)		Х
												X
				le exempt organization						1b(2)		_
			equipment, or other a	issets						1b(3)		X
		Reimbursement ar	_							1b(4)		X
		oans or loan gua								1b(5)		X
				or fundraising solicitations						1b(6)		X
C		-	· ·	, other assets, or paid emplo	•					1c		X
d				olete the following schedule. C						_		
				ven by the reporting foundation								
	T			t, show in column (d) the value	T							
(a) Line	no	(b) Amount involved	(c) Name of nonch	aritable exempt organization	(d) Desc	ription of trans	fers, tra	nsaction	ns, and sha	ring arrar	ngemen	its
	+				 					 -		
		_			<u> </u>							
	\dashv											
	\dashv											
	\dashv		<u> </u>		ļ							
									•			
	\dashv											
	- -∔				ļ							
					ļ							
									_			
2a				ed with, or related to, one or		kempt orgai	nızatıo	กร	_			
				ion 501(c)(3)) or in section 5	277					Yes	N	0
b	It "Ye		following schedule									
		(a) Name of organ	zation	(b) Type of organization			(c) De	escriptio	n of relatio	nship		
	Luada	annalisa af annsa I dael	less that I have a second the sate									
	Corre	er penalties of perjury, I deci	lare that I have examined this retu	rn, including accompanying schedules and	statements, and to) the best of my k ledge	nowledge	and beli	et, it is true,			
Sign		correct, and complete Declaration of preparer (other than laxpayer) is based on all information of which preparer has any knowledge							May the IRS discuss this return			
lere		WHILL JAVION WELLS "NOW WES							with the preparer shown below See instructions Yes			^{V′}]No
	Sig	Signature of officer or trustee Date C Title										
aid		Print/Type preparer's	s name	Preparer's signature	Date			Check		PTIN		
repa	rer							self-e	mployed			
Jse C		Firm's name					Firm's	EIN ▶				
,3 c (····y	Firm's address				-	Phone	no				
										~~~		

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

**2019** 

**Employer identification number** 

WEST SUBURBAN CHICAGO	FOUNDATION	84-3153976			
Organization type (check one	<del>(</del> )				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private	foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private four	ndation			
	501(c)(3) taxable private foundation				
• -	overed by the <b>General Rule</b> or a <b>Special Rule</b> .  1, (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule See			
General Rule					
X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
regulations under sect 13, 16a, or 16b, and the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 nat received from any one contributor, during the year, total contribution amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	90 or 990-EZ), Part II, line ns of the greater of <b>(1)</b>			
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that year, total contributions of more than \$1,000 exclusively for religious, or purposes, or for the prevention of cruelty to children or animals. Comp	charitable, scientific,			
contributor, during the contributions totaled me during the year for an o	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that year, contributions exclusively for religious, charitable, etc., purposes, nore than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose. Don't complete any of the total sorganization because it received nonexclusively religious, charities during the year.	but no such ins that were received he parts unless the			
990-EZ, or 990-PF), but it mus	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)				

Name of organization
WEST SUBURBAN CHICAGO FOUNDATION

Employer identification number 84-3153976

VVEG 1 301	BONDAN CHICAGO I CONDATION		04-0100070		
Part L	Contributors (see instructions) Use duplicate copie	es of Part I if additional space is i	needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	TOP LADIES OF DISTINCTION, INC WEST SUBURBA PO BOX 3019  LISLE IL 60532  Foreign State or Province Foreign Country	\$9,780_	Person Payroll Oncash (Complete Part II for noncash contributions )		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province Foreign Country	\$	Person Payroli Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province Foreign Country	\$	Person Payroll Occupate Part II for noncash contributions Part II for noncash contributions		

Name of organization
WEST SUBURBAN CHICAGO FOUNDATION

Employer identification number 84-3153976

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional spa	ace is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of org	janižation BURBAN CHICAGO FOUNDATION				Employer identification number 84-3153976			
Part III		tributions to	organizations des	cribed in se				
rait iii	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and							
	the following line entry For organizations co	_		•	· · · · · · · · · · · · · · · · · · ·			
	contributions of \$1,000 or less for the year							
	Use duplicate copies of Part III if additional s	•			,			
(a) No.	- Coo duplicate copies of Fare in a dutional s							
from Part I	(b) Purpose of gift	(c	) Use of gift	(d)	Description of how gift is held			
Parti	YOUTH DEVELOPMENT		·	HEI	D FOR 2020 EXPENDITURES			
1								
		(e) 1	ransfer of gift					
	Transferee's name, address, and ZII	P + 4	Relatio	onship of to	ansferor to transferee			
	WEST SUBURBAN CHICAGO CHAPTER	TLOD						
	PO BOX 3019							
		0532						
(a) No	For Prov Country							
(a) No. from	(b) Purpose of gift	(c	) Use of gift	(d)	(d) Description of how gift is held			
Part I	(4,1 11,1 11,1 11,1 11,1 11,1 11,1 11,1			(-,				
	(a) Tanantau at aith							
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationsh				ansferor to transferee			
				manip or a	ansieror to transieree			
	For Prov Country			***************************************				
(a) No. from	(b) Purpose of gift		) Use of gift	(4)	Description of how sift is held			
Part I	(b) Fulpose of glit	(0	) Ose or girt	(u)	Description of how gift is held			
					· <del></del>			
	(e) Transfer of gift							
	Transference name address and ZID / A							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
	For Prov Country							
(a) No.								
from Part I	(b) Purpose of gift	(с	) Use of gift	(d)	Description of how gift is held			
					——————————————————————————————————————			
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Rela			tionship of transferor to transferee				
	For Day			<b></b>				
_	For Prov Country							

Part I, Line 23 (990-PF) - Other Expenses

	0	0	0	38
•	Revenue and	-		Disbursements
	Expenses	Net Investment	Adjusted Net	for Charitable
Description	per Books	Income	Income	Purposes
1 Banking Service Charges	0	0		38

Part VII-A, Line 8b (990-PF) - Copy of Form 990-PF to Attorney General							
Application pending							